AOC-SJ-20 Rev. 2-09 Page 1 of 2

Commonwealth of Kentucky
Court of Justice www.courts.ky.gov



Retired Judge Voucher for Services as Special Judge

Remit To:

Supreme Court of Kentucky 700 Capitol Avenue Room 235 Frankfort, Kentucky 40601-3415

SPECIAL JUDGE PRINTED NAME:				
Court Level:				
Pursuant to KRS 26A.015, 26A.020, and 21A.110, reimbu	ursement is requested as follows:			
Total Compensation* claimed:				
Daily compensation rate of \$ x number o	of days served = \$			
List dates of service:				
Compensation is computed pursuant to KRS 21A.110. The difference, if any, between 1/250 of the annual retirement	etired justice or judge is designated to serve by the Chief Justice he salary for each day the justice or judge serves shall be the benefits and 1/250 of the annual salary for the judicial office is shall receive compensation that is less than \$150 per day.			
Total Personal Expenses claimed:	\$			
(Includes meals, travel, lodging, etc.) Attach AOC-T Travel Voucher form and personal rece	eipts.			
3. Grand Total Claimed:	\$			
DATE:, 2				
J/11	Retired Judge (serving as Special Judge)			
APPROVE	D FOR PAYMENT			
	D FOR PATIMENT			
DATE:, 2	CHIEF JUSTICE			

Note: Compensation will be payable through the AOC Human Resources Division as wages. There will be tax and fica withholdings withheld on the compensation amount approved. The special judge will receive a W-2 IRS form upon calendar year end. Personal expenses are payable through the AOC Accounting Division.

PERSONAL INFORMATION:

LEGAL PRIN	NTED NAME:					_	
ADDRESS:							
PHONE NO:			DATE OF BIRTH:				
SOCIAL SEC	CURITY NO. C	R STATE I	EMPLOYEE ID NO		-		
_	r and race in ircle one)		n is gathered volunta Female	rily for s	tatistical purpos	es only:	
-	•		Black or African Ameri		-		
Amer			an Native other Pacific Islander		Two or more race		
There will be special judg withholding	be tax and fid ge is respons g allowance	ca withhol sible for up certificat	hrough the AOC Hum Idings withheld on the pdating or submitting tes. If the W-4 or K-4 ult of single and 0 num	e comper W-4 and is not p	nsation amount a K-4 federal and s rovided with this	approved state em s vouche	d. The ployee
Occupation	nal Local Ta	k: (please	e choose one below)				
			through payroll dedu				
		•	I tax deducted from n to the city/county.	ny payro	ll check. I will be	respon	sible for
	Re	emit To:	Supreme Court of 700 Capitol Aver Frankfort, Kentu	nue Roon	n 235		